

## KENTUCKY TRANSPORTATION CABINET

Office for Civil Rights and Small Business Development

TC 18-13 Rev. 08/2017

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## **REQUEST FOR NAICS CODE MODIFICATION**

Instructions: Provide information as requested below. All fields are text limited for accurate printing. See page 2 of this form if additional space is needed for code requests. Check NAICS codes for accuracy prior to submission to the KYTC Office for Civil Rights and Small Business Development, 200 Mero Street, Frankfort, KY, 40622.

SECTION 1: DBE I	NFORMA <sup>*</sup>	TION								
COMPANY NAME				MAILING ADDRESS (street, P.O. Box)						
DBE OWNER ON RECORD (first and last name			e) % OWNED	CITY				STATE	ZIP	
-										
PRIMARY JOB CATEGORY THIS COMPANY IS			IC CERTIFIED TO	N DEDECORA.						
				) PERFORM:						
SECTION 2: PRIMARY CONTACT INFORM. FIRST NAME  MI LAST NAME			TION	EMAIL			PHONE			
FIRST IVAIVIL	FIRST NAIVIE IVII LAST NAIVIE			EWAIL			FHONE			
SECTION 3: NAIC	S CODE RI	MOVAL REOLI	FSTS (Additional	snace is nrovi	ded on nage	21				
JECTION 3. NAIC	3 CODE IXI	I	LSTS (Additional)	Space is provi	l l	2.)	1	<u> </u>		
SECTION 4: NAIC	S CODE AI	DDITION REQU	<b>ESTS</b> (Additional	space is provi	ded on page	2.)				
NAICS CODE		E	QUIPMENT/LIC	ENSES COMPANY PERSONN				RSONNEL		
ADDED	(Tho	se possessed by yo	ng performance	(Those with expertise in this work.)						
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4										
5										
SECTION 5: SIGN	FOR KYTC USE ONLY									
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				Pro	Program Investigator Branch Manage			ager		



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SECT	SECTION 3: NAICS CODE REMOVAL REQUESTS (continued from page 1)											
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	SECTION 4: NAICS CODE ADDITION REQUESTS (continued from page 1)  NAICS CODE   EQUIPMENT/LICENSES   COMPANY PERSONNEL											
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<b>—</b>	ADDED	(111036)	Dossessed by your t	company unowing	perjormance of th	is work.)	(Those with expertise in this work.)					
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15												
SECTION 5: SIGNATURE (Signature is required on pages 1 and 2 if both contain information.)												
DBE OWNER						DATE						